



4Children
Coordinating Comprehensive Care for Children

Social Work Case Management Training of Trainers Workshop

Day One:

**Introduction to MGECW
Case Management System**

Day 1 Agenda:

Introduction to MGECW Case Management


- WELCOMING AND INTRODUCTION
- CHILDREN IN NEED OF PROTECTIVE SERVICES: CCPA AND MGECW
- ORIENTATION TO CASE MANAGEMENT OPERATIONS MANUAL (CMOM)
- CASE MANAGEMENT PRINCIPLES AND PROCESSES
- STEP 1: IDENTIFICATION AND REPORTING
- STEP 2: INTAKE AND RAPID RISK ASSESSMENT

Session 1: Introduction to the Workshop




Introducing ourselves as social workers

- **Introduce yourself, years as a social worker and what you are hoping to gain from your this workshop**
- **What are our collective years of experience?**



In your own lives, outside of work, think of something that you have to manage.

Workshop Objectives:

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- To become familiar with the strengthened MGECW case management system
- To explore underlying social work and case management principles from a child rights-based perspective
- To enable social work supervisors/senior social workers to provide supportive supervision and transfer case management knowledge, skills and tools to MGECW social workers to improve quality of social services.
- Explore opportunities for integrative case management with stakeholders.
- How to implement Case Management Operations Management (CMOM) into practice through training of trainer process.

Case management – Where are we coming from?

- The ministry identified the need for a uniform system and tools to manage (document, keep records, refer and follow up) cases better;
- The previous system was inconsistent and applied differently by different regions
- University of Namibia was approached for a training on case management for social workers.
- Training focused on the theory and formed the basis of discussions for social workers on how to improve the current practice.
- Practical guidance, related tools and training modules were developed and piloted in East and West Kavango to support strengthened case management practice and are planned to be rolled out across the country.

Case Management: An urgent matter



CCPA STIPULATES RANGE OF ACTIONS TO BE MANAGED BY MGECW

- Prevention and early intervention
- Child Protection proceedings
- Provides for a series of steps to be taken by MGECW social workers, including
 - Mandatory reporting
 - Risk assessment
 - Investigation
 - Supervision of child
 - Family reunification


TO IMPLEMENT CCPA, SET OF COHERENT STEPS REQUIRED

Case Management –towards uniformity



MGECW, WITH SUPPORT FROM 4C TECHNICAL TEAM:

- Developed a Case Management Operations Manual and related tools (forms, guidance, job aids)
- Based on the requirements of the Child Care and Protection Act
- Contextualized for Namibia
- HIV-sensitive – guiding social workers to identify, support and refer children & families affected by HIV
- Incorporating global best practise
- Important focus on planning for sustainability of the system



Session 2:
**Children in need of protective
services: CCPA and MGECW**

Plenary Activity



“Who are children in need of care and protection protect children?”

Where do we get our guidance?

Child Care and Protection Act 3/2015



Defines children in need of protective services:

a child who is in need of services aimed at providing care, protection or both care and protection to safeguard his or her safety, security and well-being or improving such care, protection or both care and protection.

CCPA Quiz – How much do you know?

- 1. The Child Care and Protection Act, No. 3 of 2015, applies to vulnerable children only?**

Answer: No. The CCPA applies to *all* children. Children in need of protective services and in conflict with the law have special measures provided in the act, but the Act is relevant for every child who is in Namibia. The CCPA is the overriding legislation for all children in need of protection and care.

CCPA Quiz – How much do you know?

2. The CCPA states that a child who is in need of protective services should be removed and placed in a place of safety while support is being identified.

Answer: No. A social worker should only remove the child where there is immediate risk to life or wellbeing of the child. Other options include removal of the alleged perpetrator. A social worker should only do this accompanied by the police. Ideally this should be done with a warrant issued by a children's commissioner (the local magistrate). If the case is too urgent to wait for a warrant, the social worker with police can immediately remove the child and submit a report to court by the next court day.

CCPA Quiz – How much do you know?

3. It is mandatory for all adults to send a written report to the nearest social worker if they have a concern regarding the protection or welfare of a child.

***Answer: No.** It is mandatory for professionals in contact with children to do so. This includes teachers, social workers, police, MGECW administrative officers. Other adults in the community must report their concern to a social worker, or the police if a social worker cannot be reached, but they can do it verbally.*

CCPA Quiz – How much do you know?

4. Children have a right to choose whether or not they participate in decisions that affect their lives.

Answer: Yes. The CCPA states that children have a right to express opinions about their experiences and to participate in decisions that affect their lives. They have a right to be made aware of their right to participate or to not participate, to be protected from victimisation when they do participate and to complain if their right to participate is not respected. There must be active efforts to ensure the participation of children facing barriers for reasons including disability, language or other form of discrimination. *(AGE APPROPRIATENESS TO BE TAKEN INTO CONSIDERATION)*

CCPA Quiz – How much do you know?



5. A social worker must conduct a detailed investigation about the child's circumstances within 45 days of receiving a referral about a child who may be at risk.

Answer: Yes. A social investigation is mandatory. Where the case goes to court, the social worker must produce a detailed report for court within 45 days of receiving the referral, or 30 days if the child has been removed from the home (CCPA 134, 3).

CCPA Quiz – How much do you know?

6. It is the social worker's role to strengthen and preserve families, as part of their role in the CCPA.


Answer: Yes (*but not exclusively*). The CCPA provides for family preservation and family strengthening. Family preservation services are aimed at keeping families together and the services should empower families in order to reduce the incidence of the removal of children from families. Family preservation services should empower parents, guardians and caregivers with necessary opportunities, skills, support and guidance to raise their children successfully. The social worker has an important role in this, but it is not the responsibility exclusively of social workers; other responsible adults also have a role.

Family Preservation

- Family preservation is central to CCPA:
 - preserving a child's family structure
 - strengthening and building capacity and self-reliance
 - promoting appropriate relationships in families
 - preventing failures in the family environment to meet children's needs
 - preventing the recurrence of problems in the family environment
 - avoiding the removal of children from the family environment.
- The CCPA makes provision for **kinship care** to ensure that a child is still within the family environment.

Families are Better

- Children raised in **biological, foster, and adoptive families** demonstrate **better physical, intellectual, and developmental outcomes**.
- **“High quality” residential care also negatively impacts children**. Higher quality care can help to minimize the damage caused to children but **still negative consequences**.
- Efforts that support **families and children like early childhood education programs** reduces stress on parents and helps increase the likelihood that children will develop into healthy and productive members of society later on in life.



**Session 3:
Orientation to the Case
Management Operations
Manual (CMOM)**

Introduction to CMOM

NAMIBIA'S COMMITMENTS TO CHILDREN:

- Children's rights, including right to a family, in Namibia's Constitution
- Vision 2030 upholds family as the most fundamental institution in the society and commits to gender-equitable policies that combat violence and stigma
- National Agenda for Children (NAC) 2012-2016 had commitment to "Strengthen integrated child protection, prevention and response services"

CARE AND PROTECTION ACT, NO. 3 OF 2015 (CCPA) COMMITS TO HOLISTIC APPROACH TO PROTECTING CHILDREN AND SETS OUT REQUIREMENTS FOR CHILDREN IN NEED OF PROTECTIVE SERVICES

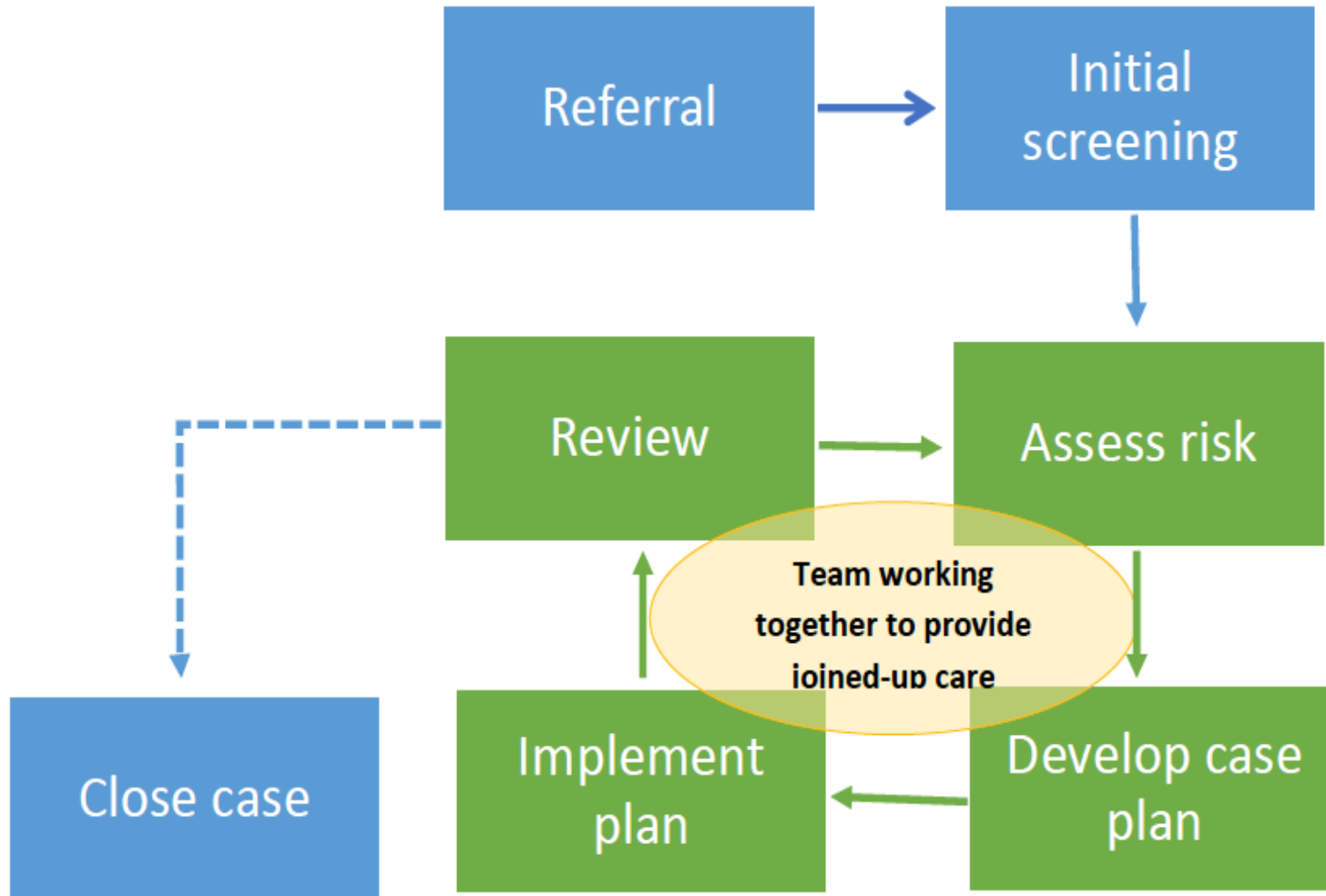
Background to case management CMOM

- Premised on the CCPA
- Stipulates range of case management actions to be managed by MGE CW
- Identifies principles that must be adhered to
 - Best interest of the child
 - Do no harm
- Identifies approaches to conduct child protection services
 - Family Preservation
 - Prevention and early intervention
- To do this, set of coherent steps required

Steps in CCPA

- Mandatory reporting;
- Conducting of an initial assessment;
- Measuring risk – the CCPA identifies the duties and obligations of a designated social worker and the need for such an official to measure the level of risk that a child is exposed to;
- Investigating the circumstances and developing a report and ensuring a care plan is in place;
- Bringing the child before a children's court for a protection order to be affected;
- Supervising the child by the implementation of a care plan;
- Undertaking family reunification services or reconstruction services in order to preserve the family.

Key processes in case management



Community and Statutory Actors

- Community actors are central to case management
 - neighbours, community members and leaders help families who are under pressure
 - communities and religious groups reduce a family's social isolation and stigma
 - civil society groups provide a range of social and economic supports to augment state services of health, education, justice and social protection
- Case management is essential in the prevention and support to children and families living with and affected by HIV
 - focus on how to increase linkages with HIV services
 - MGECW social workers' have ability to support complex cases of children affected by HIV

What is in the Manual

- Purpose is to provide guidance on all aspects of social work case management practice for MGECW social workers
- Contains all information needed for a social worker to carry out his or her case management tasks
 - policies, strategies and principles that inform case management
 - functions required of a social worker
 - operational guidance
 - forms and documents
 - job aids to support case management
- Currently for MGECW but hope to be used by others

Key steps in the process (0-2)

Process	Actions	By who and to whom?	Documentation Tool
Step 0: Identification of vulnerable child, family or adult	Identify a child, family or vulnerable adult may need support.	Child or community member individually or via the CCPF.	None
Step 1: Reporting of a client to a social worker	<ol style="list-style-type: none"> Alert to any social worker or police of child in need of statutory protective services. Police or non MGECW social worker refers immediately to MGECW social worker for investigation. In case of a vulnerable child, family or adult needing non-statutory services, notification to a social worker for investigation. 	<p>Child or community member individually or via the CCPF to social worker or police</p> <p>Reporting is mandatory for all professionals who have a concern about a child's protection/safety.</p>	<p>Form CM 1 part 1: Reporting of a client to a social worker. Report, made immediately a concern is identified – written report is mandatory for professionals.</p> <p>Form CM 1 part 2: Receipt to complete and return to reporting source, completed by social worker</p> <p>A verbal report may be made by a non-professional</p>
Step 2: Screening, intake and initial risk assessment	<ol style="list-style-type: none"> Screening and triaging of clients Registration of basic details. Rapid risk assessment, to enable immediate emergency action if required. Decision on level of risk and appropriate action. 	<p>AO or other designated person screens clients before referring to a social worker</p> <p>CM2 Part 1: Can be completed by AO, social worker or even the client themselves</p> <p>Social worker completes Form CM 2; not forwarded to anyone.</p>	<p>Form AO 1: Administrative Officer Client Screening Form</p> <p>Form CM 2: Intake and risk assessment completed without delay and no later than 48 hours after report is made if forwarding to social worker employed by MGECW.</p> <p>Part 1: Demographic profile, needs ongoing updating.</p> <p>Part 2: Presenting problem for any adult or child case</p> <p>Part 3: Rapid risk assessment for any child at risk, to be completed no later than 48h after report is made</p> <p>Part 4: Level of Risk and Next Steps</p> <p>Part 5: Case action</p> <p>Part 6: Consent for Case Management</p> <p>Part 7: Respondent Information</p>

Key steps in the process (3&4)

<p>Step 3: Social assessment with care plan</p>	<p>1. Social assessment of child deemed to be at medium or high risk.</p> <p>3. Joint development of care plan with child/ family and other key actors (can be developed while waiting for court hearing).</p>	<p>Social worker with child, family, all other key actors including community service providers.</p> <p>Social assessment of child's strengths & risks.</p>	<p>Form CM 3: Social assessment Part 1: Client and case review Part 2: Social Investigation Part 3: Child's Voice/child wellbeing Part 4: Care Plan</p> <p>Form CM 3a: Specialised form for children in conflict with the law</p>
<p>Step 4: Court process, where required under CCPA</p>	<p>1. In cases of medium and high risk, court report, when court proceeding is required under CCPA.</p>	<p>If decision of assessment is court procedure, court reporting follows</p>	<p>Form CM 4: Court Report Court report (in some cases), to be ready for court date which must be fixed no more than 30 days after intake if child removed and no more than 45 days if child at home</p>

Key steps in the process (5-8)

Process	Actions	By who and to whom?	Documentation Tool
Steps 5-7: Referral, follow up & case review	<ol style="list-style-type: none"> 1. Referral to other support 2. Ongoing identification of integrated case management opportunities through case conferencing 3. Follow up and review of case to assess progress towards goals and if other services required. 4. Updating care plan, as needed. 	Child, family (where appropriate), social worker and other stakeholders	<p>Form CM 5: Bi-directional referral of a client for services Part 1: Referral of a client for services by another service provider Part 2: Receipt of client referral for services</p> <p>Form CM 6: Case Conference Record</p> <p>Form CM 7: Follow up and case review</p>
Step 8: Case Closure	<ol style="list-style-type: none"> 1. Case closure, once child considered no longer at risk and support mechanisms are in place and functioning. 	Child, family (where appropriate), social worker.	Form CM 8: Case closure form
Throughout: Case tracking	<ol style="list-style-type: none"> 1. Ongoing case review via case tracking and supervision 	Social Worker with Supervisor	Form CM 9: Case tracking form

Plenary Session

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- What are your current practices around getting cases?
- What are the challenges you face regarding it?



Session 4:
**Case management principles
and processes**

Plenary Session



- 1) How can case management protect children?
- 2) What are the principles of case management?
- 3) What social work techniques are important for case management

Defining Case Management

The **process** of providing
protection and support to
individual children and their families
who are **vulnerable to certain risks**,
directly or through referral services,
and following that process through
until goals are met.

(Child Protection Working Group. 2014. Inter-Agency Guidelines for Case Management and Child Protection)

Case Management and the CCPA



The CCPA (Chapter 10) identifies the process (normally referred to as a statutory case management process) that must be followed when a child is found to be in need of care and protection by a social worker

Children and Family

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- The CCPA has as its foundation the preservation and strengthening of families.
- Prevention and early intervention is central for managing children's issues.
- Children have a right to stay in kinship care.
- Case management has a role in preserving family life and preventing harm to the child.
- When a child has to be removed, the case management process seeks to ideally support the child's return to the family or, where this is not possible, a permanent family-based option where possible.

Protecting Children

We all have a responsibility!

Any adult or child in the community who suspects that a child requires *protective services* MUST report their concern to a social worker or police officer. A child can self-refer.

Any adult or child who thinks that a child is vulnerable and needs other support, instead of or in addition to protective services, MAY inform a Child Care and Protection Forum member or other community-based actor.

The CCPA emphasises the importance many actors being involved: community members, police, social workers from all ministries and civil society, teachers, etc.

Case Management Principles

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- Do no harm
- Prioritize the best interest of the Child
- Seek informed consent/or informed assent
- Non Discrimination
- Empower children and families to build on their own strengths
- Facilitate meaningful participation of children
- Coordinate and Collaborate
- Adhere to ethical standards
- Respect Confidentiality
- MORE

Social Workers Core Values



- Acceptance
- Affirming individuality
- Purposeful expression of feeling
- Non judgmentalism
- Objectivity
- Controlled emotional involvement
- Self determination access to resources
- Confidentiality

Skills for Building Relationships



Empathy

Unconditional
positive
regard

Self-
awareness &
openness

Non-
judgmental
attitude

Professional
boundaries

Reliability and
consistency

Case management requires more than asking questions when conducting interviews

Use all of your senses:

- Observation skills
- Active Listening skills
- Ability to identify underlying messages and interpret non-verbal communication (and also being aware of your own)
- Asking questions (interviewing skills: reflecting, summarizing, normalizing and open/closed questions)
- Other creative ways of gathering information.
- Timing and trust
- Asking questions is useful but it is ***always important to understand the context*** e.g. being scared, communication difficulties

Invisible Forces



See what is not seen

Hear what is not said

Know what is able to be understood

Questioning – Open-ended versus closed

Do you want to go back to the clinic?

How do you feel about going back to the clinic?

OPEN-ENDED :

- allow the person to choose what and how much to say
- often start with words like ‘how’ or ‘what’ (invites discussion and guides counseling minimizes assumptions)

CLOSED :

- can usually be answered with one or two words, like ‘yes’ or ‘tomorrow’ or ‘my dad’
- often start with words like “did” or “do” or “how often.”

In Summary



- Case management is a process, not a single act
- This definition focuses on prevention as well as response
- It is individually customised for each child and family
- It relies on many actors
- It continues until the child and family no longer need support.



Session 5:
Step 1
Identification and Reporting
Screening and Registration

Identification and reporting of Ndapanda and Otto

Question 1: How does a notification like this normally reach you? Discuss and reflect upon the challenges of referrals.

Question 2: Must a social worker report a case like this straight away to the police? If so, how and if not, why not and what must the social worker do rather than reporting? What potential variances would require reporting?

Question 3: What parts of the CCPA apply to this case? What kind of case is this? Is the client in need of care and protection?

Question 4: What principles and core values should apply in your work with Ndapanda/Otto?

Identification and Reporting

Purpose: To identify child or children who are vulnerable so that they can receive further support from statutory or non-statutory services.

If there is a concern that a child is at risk of harm (requires *protective services*)

- Any adult or child in community **MUST** report their concern to a social worker or police officer verbally.
- Any professional **MUST** report their concern to a police worker or social worker using **Form CM 1**.
- Any member of the police or social worker who is **NOT** an MGECW social worker **MUST immediately act** to protect the child and report the concern to a MGECW social worker **within 24 hours** using **Form CM 1**

Discuss in Small groups - Reporting



- What is the purpose of this reporting?
- What actions will be taken?
- What will the outcomes be?
- Who else might be involved? How?
- What is the difference between the identification and reporting?
- Review the receipt, who would it go to? Why is it important? Please complete the reporting receipt

Discuss in Small groups – Reporting receipt



- Review the reporting receipt
 - Who would complete it?
 - Who would it go to?
 - Why is it important?
 - Please complete it
-
- Do you need to track it? Why and how will you do so?

What is screening? – Job aid 11

- How often are clients in the wrong place?
- How often do clients wait unnecessarily long?
- How often do clients who are applying for a grant have other issues in need of support and are not picked up?

Screening – that allows for good client service in a MGECW office and also for capturing basic data on each person requiring assistance.

See step 2 on screening in the SOPs pp 22-23.

Done by Administrative Officers - screen any presenting client for services (beyond the grant) and capture basic information on the on the Administrative Officer Client Screening Form (AO1).

What is registration? – Job aid 11

- Are there times clients return and it is hard to find their previous files/notes?
- Do you know how many referrals you received, clients seen and referrals made on any given day?


Registration - that allows for tracking of SW cases and:

- accurately capture the traffic through SW offices, the reasons for visits, the number of referrals made and the number of visits which resulted in a case being opened.
- is also critical to customer service, as clients' records can be effectively tracked for easy referencing and efficient follow up.

Registration books – Job aid 11

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- Review the registration book categories
- Each constituency office/social worker – to track each referral to you and each of the intakes (next session) for constituencies:
 - What else will it track?
 - Importance to keep updated
 - How would you complete registration for Ndapanda and Otto?



**Session 6:
Step 2
Intake and rapid risk
assessment**

Intake and initial assessment – CM 2

What is an intake and why do we do an intake?

- Gathering of demographic information
- Gathering of initial case information

Reflect on your past intakes and how this one is different (Look at the first 4 pages)?

- Are there challenges around clients and their demographics? What happens if it is not kept up to date?

Intake and initial assessment – CM 2

Part 1: Demographic profile:

Always need to check and update – WHY?

Must a social worker complete the intake, part 1?

No, anyone can complete (AO or literate clients)

Part 2: Case information (only SWs complete)

Rapid Risk assessment CM 2 Part 3

What is the goal of a rapid risk assessment?

Rapid risk assessment, to enable immediate emergency action if required.

Quick comprehensive risk questions to trigger follow up.

Determining the level of risk and appropriate action:

Low, medium, risk.

Matrix – to use as a guide.

- ***May work with police officer and professional who reports case***
- ***Likely to follow this step with referrals***

Must be completed **within 24 hours** of receiving report

Form CM 2 – Risk Assessment

- The risk matrix is guidance tool, not a checklist – you may face additional issues that are not on the list and most children are likely to face a combination of possible risks
- Talk to the child on his or her own, if possible, to find out whether he or she is at risk of serious harm (bearing in mind age and maturity, gender, special needs e.g. disability)
- Try to avoid a situation where the child has to repeat a traumatic experience
- Listen to caregivers and family members also to find out their concerns

Form CM 2 Part 3 – Risk Assessment (cont.)

- Find out if there is anyone who cares for the child who is in a position to protect the child from further harm and who will not be intimidated by others;
- Where possible, talk to other people who know the child, such as educators or religious leaders
- Arrange for the child to be examined medically if appropriate;
- Secure immediate help if necessary (requirements in CCPA, see Job aid 2)
- Whenever you are unsure, ask a colleague or supervisor

Form CM 2 Part 3 – Risk Assessment (cont.)

Before taking a decision about risk, the most important questions are:

- How great is the risk to which the child is exposed (high, medium or low), based on the type of harm that has or may occur? How serious would it be if it did occur again?
- Could the harm that has occurred have been accidental or is it obvious that it was caused by a deliberate act perpetrated by someone else and/or neglect and lack of care by a caregiver?
- Is there someone in the child's family who can be trusted to keep the child safe from harm?

Step 3 - Intake and Risk Assessment

- Where there is immediate risk to life or wellbeing of the child, and if the social worker and the member of the police feel that it is in the best interests of the child to be removed from where he or she is living or to remove the alleged perpetrator, this step includes taking immediate action to ensure the safety of the child through either removal of the child temporarily or removal of the alleged perpetrator. (CCPA 134:2) The social worker approaches a children's commissioner for the issue of a warrant. If the case is too urgent to wait for a warrant, the social worker with police can immediately remove the child and submit a report to court by the next court day.

Group Activity: Ndapanda and Otto

- Review the completed intake and learn about the case
- Complete a genogram and/or ecomap for their case
- Use the matrix to determine the level of Risk
- Complete the recommendations and actions
- Review the consent, is getting written consent important? Why or why not?
- Respondent page – When would we might want to use it and with whom?

Building a case file

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- Do you anticipate your case to be a longer case type or a quick in and out 'low risk' case?
- Case files should ONLY be used for medium/high risk cases that will require follow up, tracking and develop over time.
- Review job aid 11 file management section and determine where their pieces of the intake will go.

Comparative case types – Low risk



Quick/low risk/low follow up cases:

- If the case was low risk and follow up to be limited, a case file will not be necessary.
- Those files will be kept in an arch file.
- Actions and notes will be documented in the action section
- If more space is needed, use blank notes page

Comparative case types - Adult

Adult cases (no children at risk):

- Review intake part 2 GBV adult cases note
- Why is it there? What variances can one have?
- If a child is at risk, risk assessment is a MUST
- If no child is at any level of risk, then one can skip the full risk assessment section and move to recommendation, action steps with respondent page.

Comparative case types - Disability

- Is an intake needed for a disability case? Reflect on past practices (many just complete the form without doing an full assessment – mostly utilizing the doctor's assessment)
- What is the goal for an assessment of a social worker alongside of the doctor's?
- Are children/families with disabilities at greater risk and possibly in need of additional support other than a grant? Why?

Session 7: Summarization of Day 1



Quick review:

- Identification and reporting
- Screening and registration
- Intake and risk assessment

Seek volunteers of two to select an identified concept and/or job aid to review. Put together a quick 5 minute presentation on each. Try to be creative.



Social Work Case Management Training of Trainers Workshop

Day Two:

Social investigation, HIV-sensitive and
Integrative case management



**Day 2 Agenda:
Social Investigation, HIV-
sensitive and Integrative case
management**

Agenda



- Recap through presentations
- Promoting strengths based approaches and family preservation
- Step 3: Social investigation - overview
- Social Investigation – child participation & wellbeing indicators
- Social Investigations – developing care plans
- HIV and child care protection
- Integrative Case Management – supportive referrals and case conferences
- Summarization of the day

Session 8: Recap Presentations

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- Tasks for non-presenters:
- During presentations, open CMOM to the section being reviewed
- Reflect back on the material as well as why and how it is important to case management. How can they encourage the use of the Concept/job aid and share any other ways to present it?



**Session 9:
Promoting strengths-based
approach and family
preservation**

Plenary Session



- How do approach our Work:
 - Proactively
 - Reactively

- Brainstorm – What is the importance of Prevention and Early Intervention

(PEI) Prevention and Early Intervention



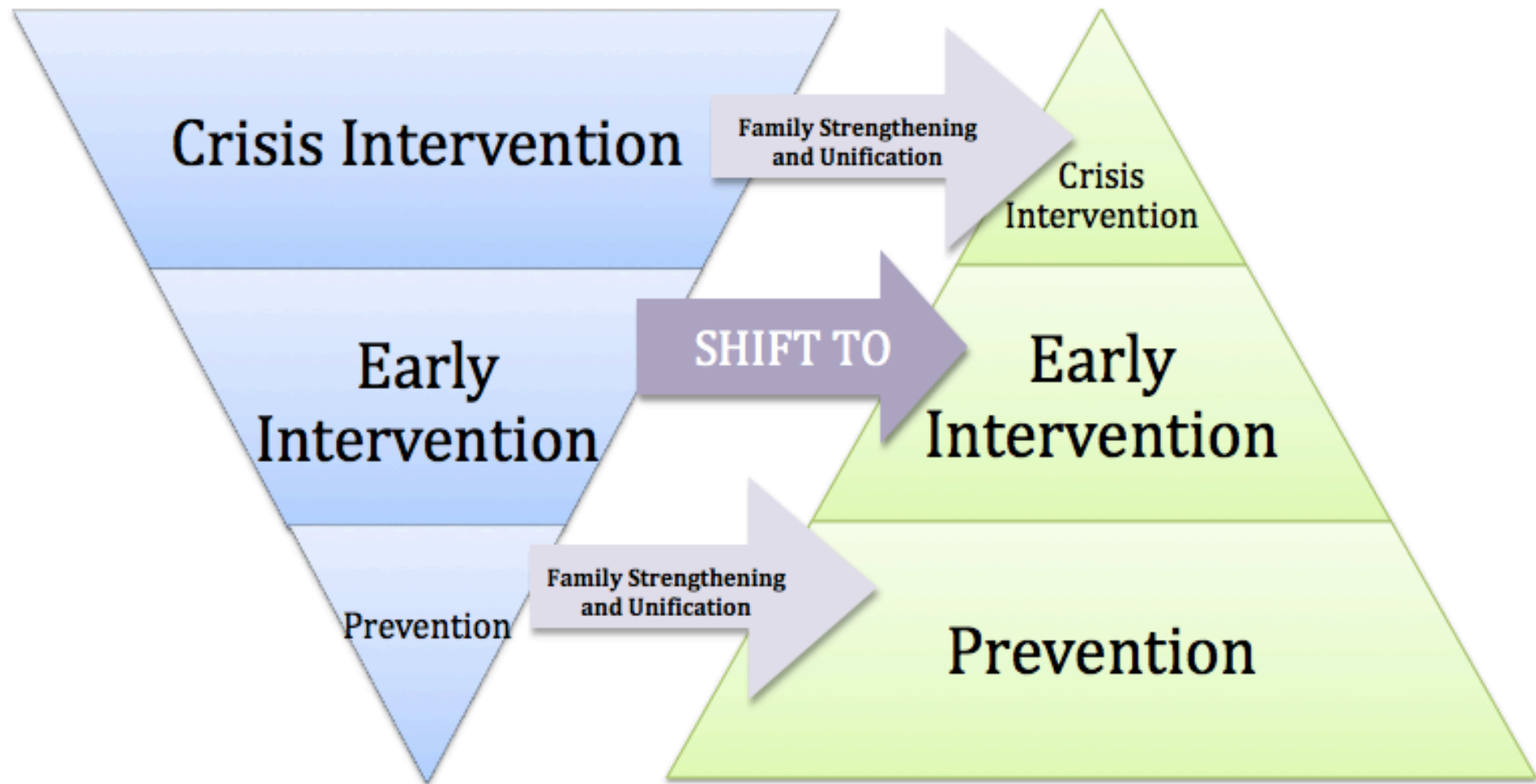
- CCPA foundation is the preservation and strengthening of families.
- Prevention and early intervention is central for managing children's issues.

CCPA suggests following PEI interventions

1. assisting families to obtain basic necessities e.g. assistance with accessing grants or empowerment to obtain basic necessities
2. providing families with information to enable them to access services
3. supporting families facing alcohol and other drug addiction
4. supporting families with gambling addiction
5. supporting and assisting families with a chronically or terminally ill family member;
6. assisting families to access appropriate ECD for pre-school children
7. addressing specific issues in community such as gender-based violence, health and nutrition issues, reproductive and sexual health issues, child labour, child trafficking or child behaviour problems
8. providing families with information regarding family dispute resolution
9. promoting children's well-being & realisation of their full potential.

Can you think of others?

Shift in Provision Services and Levels of Intervention



Adapted from The Thogomelo Project (2016). Induction Manual for Child Protection Social Workers

Group Work - Case Study Reflection

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Reflect on Ndapanda and Otto cases,

- if you could go back in time, what early interventions and preventative supports could have been put in place if any?
- How do you think their cases could have been identified and intervened with earlier?

Plenary - Brainstorm



What is resilience?

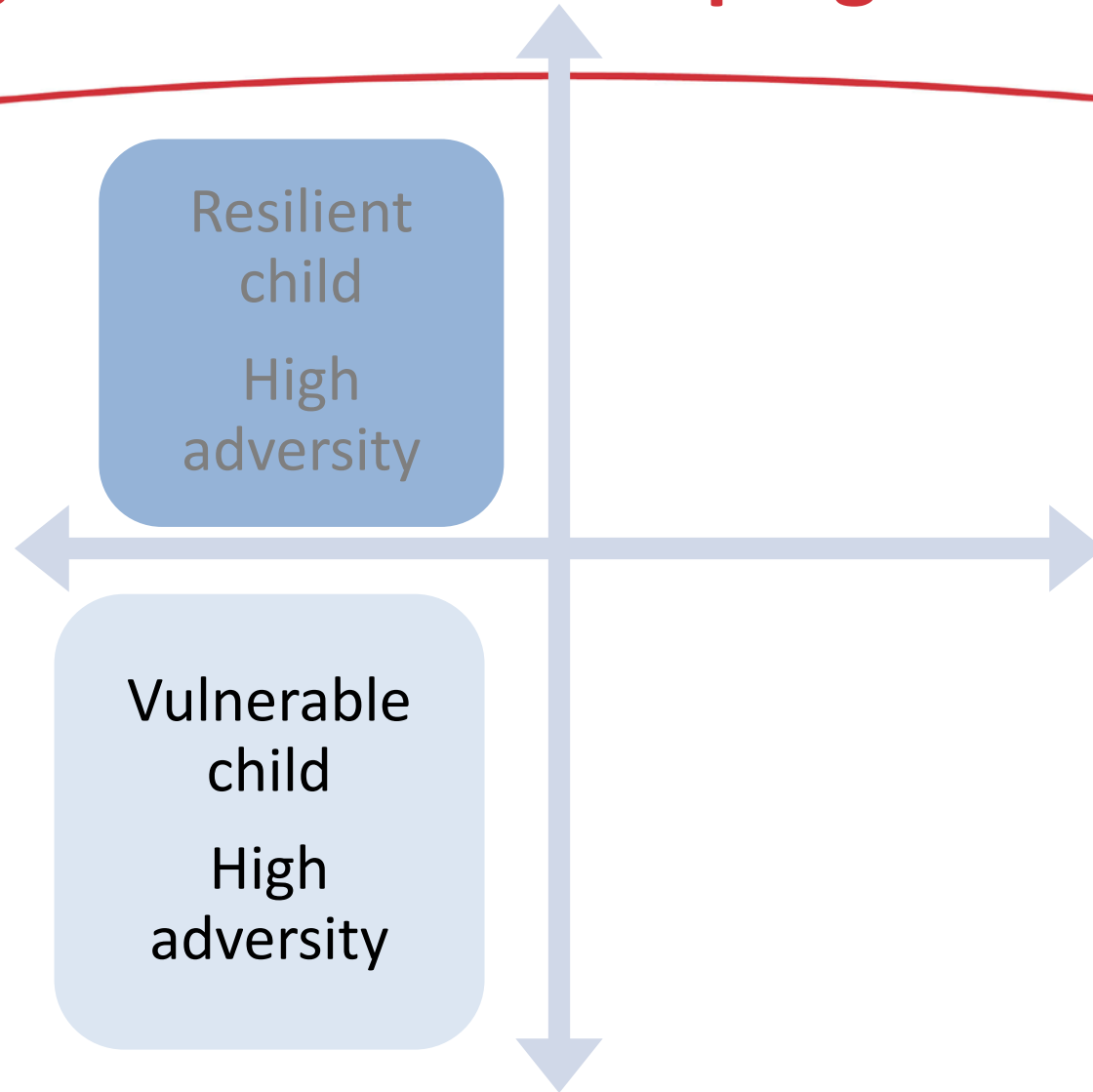
What can a case manager do to promote resilience?

- Make sure that children and families have a say in the case management process – having a say can in itself provide strength;
- Focusing on children and family's strengths and resources when planning actions;
- Acting with respect, care and empathy to bolster self-respect and self-belief.

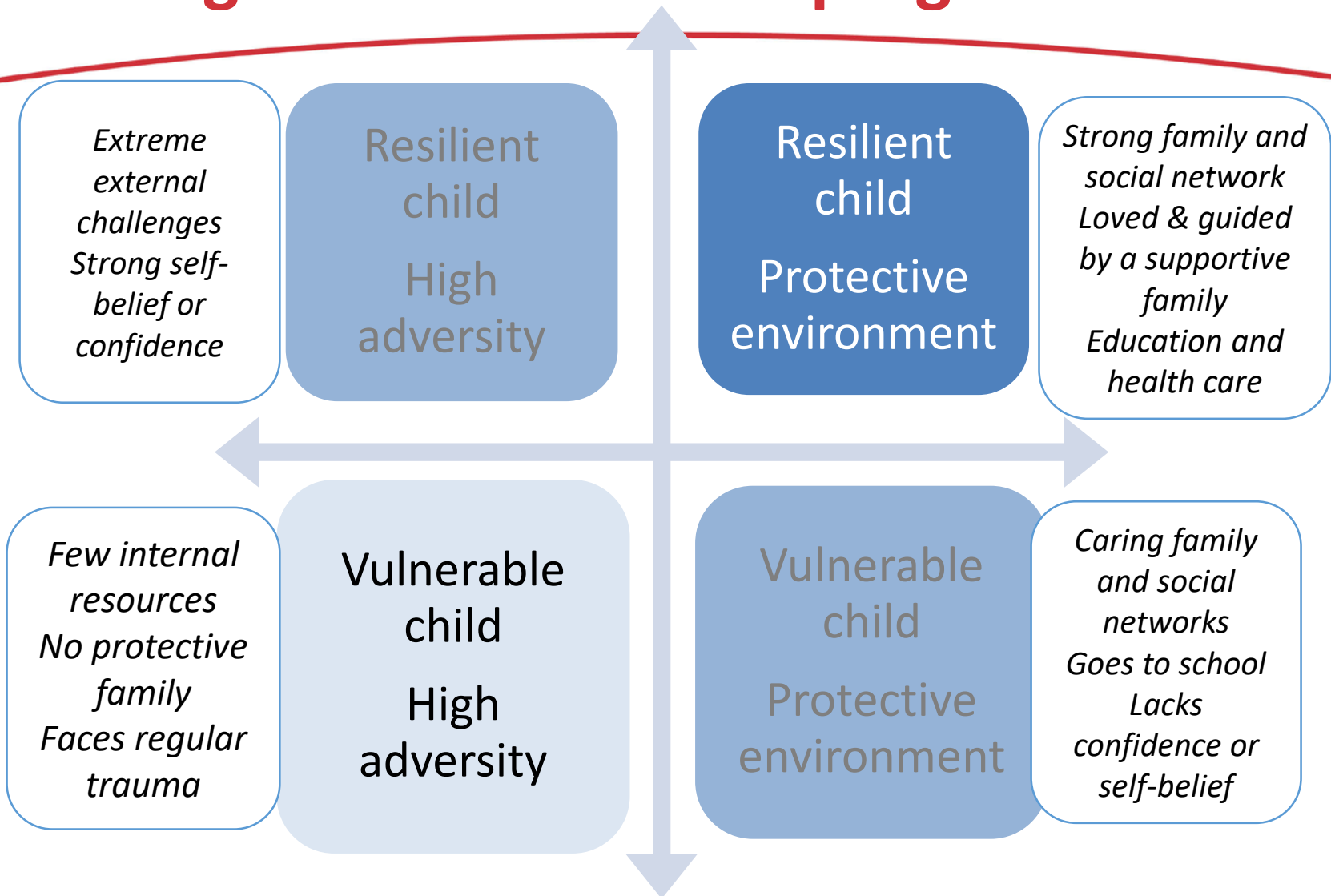
Think about these 3 areas of a child's life

- How I grow and develop
- Health, education, communicating with people, looking after myself, being confident and believed
- What I need from the people around me
- Guidance, stability, space to play and have fun, time with family and friends, being kept safe, being cared for
- What I need from the wider world
- Education and training, health care, HIV information and care, being safe in my community, having a safe space to live, having enough money at home

Moving children to the top right-hand box!



Moving children to the top right-hand box!



Brainstorm the words that describe...



**Case management that keeps
children resilient and strong!**

Case study reflection (in plenary):



Thinking of Nd panda and Otto,

- What strengths can be identified in their respective clients?
- Discuss the specific actions that can be done, in all aspects of case management, to promote strength.



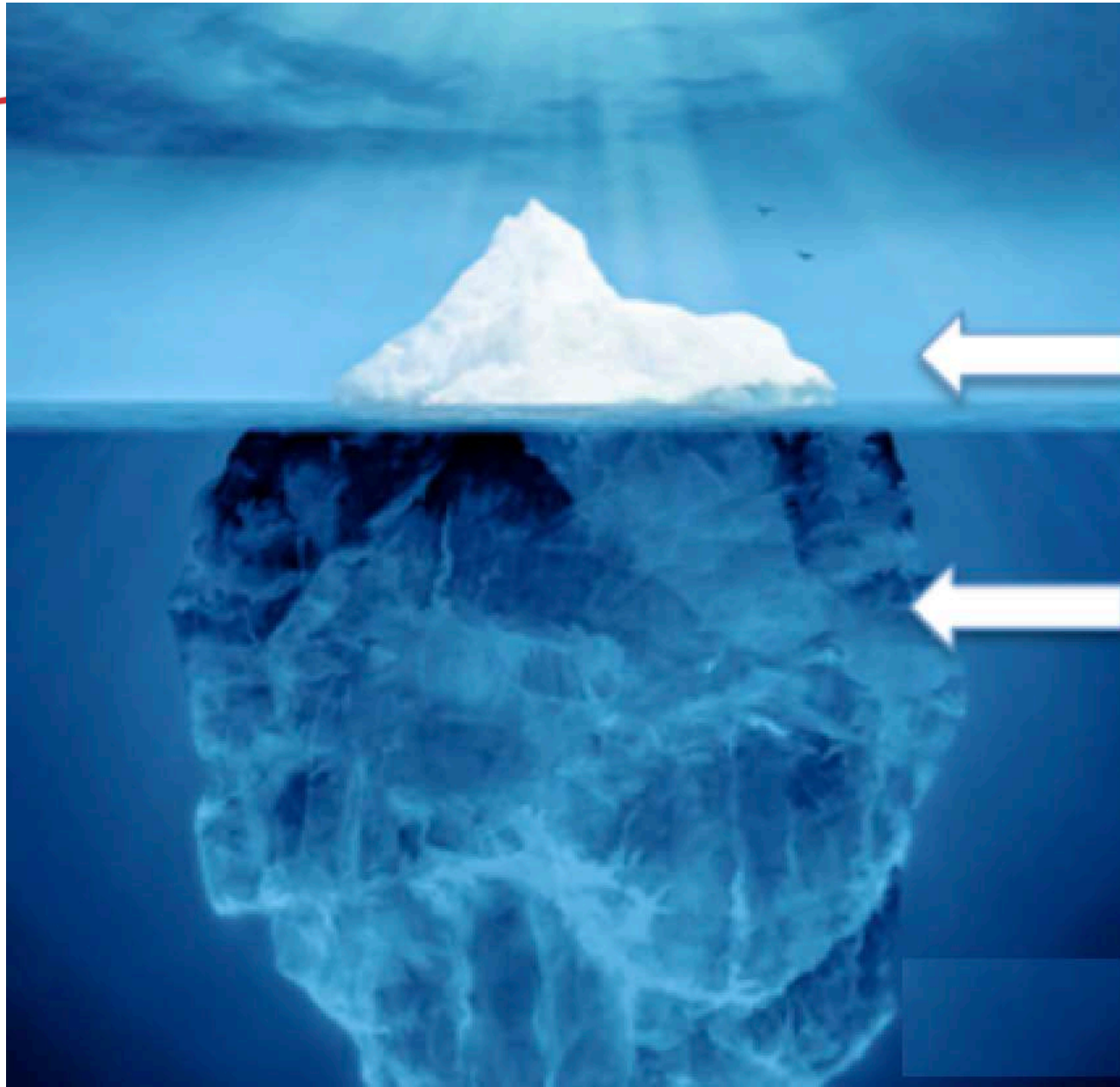
Session 10:
Step 3
Social Investigation

What do you see?



What we see and learn
at intake

The Case Management Iceberg Analogy



What we see and learn
at intake

What we discover at
social investigation

Ndapanda and Otto



Who they would want to talk to, meet with for their social investigation?

Can they do it all in one visit?

Review the completed social investigations, What was discovered via asking more thorough questions?



**Session 11:
Social Investigation –
Child participation and well being
indicators**

Facilitated discussion







- Why is obtaining the voice of a child important to the process?
- What are the different ways to talk to a child?
- Does a parent need to know that you as a social worker are discussing issues with the child?
- How would you obtain consent from a parent to discuss case issues with a child, especially if they are reluctant to let you talk to a child?

Communicating with children

What are some additional principles to consider:

- Decide how to introduce yourself so that the child understands who you are and why you are talking to him/her
- Ask children who they want to be present, when appropriate
- Make eye contact and be on the same level as the child
- Make sure that the child is not scared, cold or hungry when you talk to him or her
- Use simple language – keep questions and explanations as short as possible
- Make sure that the child understands that you will not share any information with anyone else unless the child wants to or unless the child is in danger
- If time is short, avoid raising strong emotions in the child by not touching on sensitive or painful issues (plan for good timing)

Child Wellbeing Indicators

Child's Name	Use pictures to assist with satisfaction scaling 1 to 5 1 - Never/Not at all 5 - Always	Date:
Overall life satisfaction		Notes/Comments:
<i>My life is going well</i>	1 2 3 4 5	
<i>I am happy</i>	1 2 3 4 5	
<i>I feel positive about my future</i>	1 2 3 4 5	
Home and Family		
<i>I feel safe at home</i>	1 2 3 4 5	
<i>My parents (or the people who look after me) listen to me and take what I say into account</i>	1 2 3 4 5	
<i>My parents (or the people who look after me) treat me fairly</i>	1 2 3 4 5	
Warmth & Affection: How often in the past week have you spent time doing following things with your family?		
<i>Talking together</i>	1 2 3 4 5	
<i>Having fun together</i>	1 2 3 4 5	
<i>Learning together</i>	1 2 3 4 5	
Friends		
<i>I have at least one good friend who cares about me</i>	1 2 3 4 5	
<i>My friends are usually nice to me</i>	1 2 3 4 5	
<i>How often in the past week have you spent time doing the following things</i>		

Form CM3: Part 4 Child's Voice

Children's wellbeing indicators

- Introduced after child has trust that his or her opinions will be heard.
- When child is developmentally capable to understand and respond to questions (normally around 6 years), use Child Wellbeing Questionnaire
- Record the child's score directly on the form, not the social worker's assessment of the score.
- Practice in pairs and reflect

Strengths-finder tool – see Job Aid 4. Can this also be useful?

Strengths-finder tool			
What makes me feel safe and secure	Where am I already strong?	What makes it hard to be strong?	What would help in making things better? Where can I get support?
How I grow and develop Health Education Communication with important people Learning how to look after myself Being confident and being believed			
What I need from the people around me Providing guidance Providing stability Providing space to play and have fun Spending time with family & friends Being kept safe Providing everyday care and help			
What I need from the outer world Being able to go to school or training Having access to health care To feel safe in the community Knowing where to go when things are not safe Having a safe place to live Having enough money in the home			



Session 12:
Social investigation:
Developing a care plan

What is a care plan?

- A set of measurable, time bound action steps that seek to ensure that the child is no longer unsafe
- A formal record of the steps agreed between child, caregiver, any other significant actors in the case and the social worker
- Why is it mandatory for medium and high risk cases?
- Why are careplans are also strategically placed AFTER a social investigation section?

Form CM3: Part 5 - Care plan

- Participation and suggested actions informed by social investigation
- It may involve many meetings
- Priority is building on strengths and having separate, realistic and measurable targets
- Child's goals and should build on inputs from child
- Should focus on clear, measurable goals of what a child would like to see
- Cannot be dependent on others (e.g. a child's goal could not be that an abusive adult is removed from the home)
- Parents goals – as that of child
- Social worker goals
- Where more complex issues are being addressed
- May have to challenge family to accept change where suitable

Form CM 3: Part 5 – Care Plan

- The form includes consent from child and/or parent
- Opportunity to check that suggested actions are acceptable to child and family
- Child and family agreement
 - Social worker must explain what is written down
 - Child and family must understand the decisions, the next steps and process and give full consent.
- What should you do to ensure that the plan is in the child's best interests when these conflict with parents' wishes?
- Each person must have a copy of the plan

Care Plan: Ndapanda and Otto



Create a Care Plan:

What can you do to get the child's and family's informed consent?

What should you do to ensure that the plan is in the child's best interests when these conflict with parents' wishes?

What will you do if there is possible non-compliance with an action that you or another professional recommends, e.g. a health worker?



**Session 13: The nexus between HIV
and child care protection**

Children and risk



- Are children with HIV more vulnerable? Why and how?
- Are vulnerable children more at risk of acquiring HIV? Why and how?

The connections between HIV and child protection risks

- Literature shows children affected by HIV are more likely to be exposed to violence & abuse
- Children who are exposed to violence & abuse are more likely to become infected with HIV
- Many cases are highly complex, requiring skilled assessment and management
- •Stigma, among other factors, makes connecting and engagement with clients difficult (challenge of identification and follow up)

Children of the epidemic

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- Namibia has done extremely well with PMTCT – the number of babies being born with HIV is drastically down - ***Strategic interventions work!!***
- However, where are we not doing enough?
 - Children/Adolescence living with HIV
 - What problems do we see?

Living with HIV easy medically...



- But what about psychologically, emotionally, logistically and socially...
- Psychosocial aspects remain the BIGGEST barrier to testing, linking to care and adhering to ARVs

Case Reflection: Ndapanda and Otto



- For your case study client, what potential additional HIV dynamics would you have to consider?
- How would HIV impact how the case is handled?
- What additional needs would they have?
- Can we address the needs alone and which stakeholders would you include?

Complexities and HIV




- Complexities complicate care and circumstances easily and quickly.
- A low and stable client can become high risk overnight - Resulting in , non-disclosure, non-adherence and significant depression and even suicide.
- Any examples?

HIV requires strategic approaches

- PLHIV often do not reach out for issues – nexus and child care protection.
- Therefore having the preventative and proactive approach of support familiarity for ‘quick go tos whenever need be.’
- Every HIV child should have a level of case management (checking in twice a year by someone) – referred to SWs as needed.
- Can we do it alone?

Screening for HIV

- Where do we ask about HIV on the intake and social investigation? What questions are asked?
- What is your comfort level around asking/probing?
- Is it important? Why?
- Some clients may bring it up on their own if you don't, but will everyone?
- Are the questions enough? Do you have to ask on day one?
- Ask where they can locate additional information? job aid 7: Case management for children affected by HIV



Session 14:
**Integrative case management -
supportive referrals and case
conferences**

Collaboration with others



What are the potential pros of working with stakeholders?

What is good about it?

Pros: Divided tasks, shared case load, minimizes duplication, maximises resources, better comprehensive services, promotes follow up and can increase morale

Can you give an example?

Collaboration with others



*What are the potential cons of working with stakeholders?
What is difficult about it?*

Cons: Can take more time and energy on coordination, dependency on others priorities, tasks may not be done as hoped/expected.

Can you give an example?

Stakeholders & integrated case management

- Utilize other stakeholders for their respective clients (Ndapanda and Otto).
- Reflect on their care plan thinking about when and where stakeholders could be useful.
- Would additional consents be obtained to talk to anyone? Reflect on CM2: intake, consent part – would you explore updating it?
- Would you make any referrals? If so, complete referral form CM4

Referrals – challenges and effectiveness



- What can be the challenges around referrals
- And what does it mean to have supportive referrals?
- How can we promote them?

Working with stakeholders

- There may be different entry points for working together with different stakeholders and strategies for key actions that may vary to promote good coordination.

CASE CONFERENCING IS ONE

- What is case conferencing?
- Have you ever participated in a case conference?

Case Conferencing

- A forum where everyone involved in a case can
 - share information
 - identify the strengths and challenges that the child and family face
 - agree on what can be done to build on strengths and support the child
- Arranged and attended by the social worker and attendance will vary according to need:
- Professionals and other key supports who can help with client
- Client and key family members/support ***may or may not*** be there (Dependent on circumstances)
- If it to correlate with the development of the care plan, then client and caregiver needs to be present.
- Should be planned well and documented.
- Documented using **Form CM 6: Case conference record.**

Adapted Hand Model - Case Conferencing

- *'WWWWH'*
- Why do they want a case conference? What are the goals and desired outcomes for the meeting?
- Who could be involved? Identify all stakeholders.
- When would they like them to get involved? Different stakeholders could be involved at different times – different case conferences?
- Where and when do you want to hold it – can also be when to bring parties together? Are there existing times that parties come together?
- How can it support the client? How will the follow up be?

Case Conference: Ndapanda and Otto

In your groups, look at the process diagram, identify potential time options for a case conference to take place?

Organise a case conferencing and reflect on the WWWWH hand tool for your respective case study client. Should the child be involved or not? If so, what dynamics may you need to consider to promote it being client-centered?

Use role play to hold a case conference on the case that they are working with.

Review Form CM 6: Case Conferencing Record

Session 15:

Summarizing and reflection on day 2


- Promoting strengths based approaches and family preservation
- Step 3: Social investigation - overview
- Social Investigation – child participation & wellbeing indicators
- Social Investigations – developing care plans
- HIV and child care protection
- Integrative Case Management – supportive referrals and case conference



Social Work Case Management Training of Trainers Workshop

Day Three

Supportive supervision, documentation and
coordinated action



DAY 3:
**Supportive Supervision, documentation
and coordinated action**

Agenda



- Recap through presentations
- Enablers of case management – supportive supervision
- Court report
- Enablers of case management: Documentation, case tracking, screening, registration and filing
- Steps 7 and 8: Follow up, case review and case closure
- Way forward and implementation
- Summarization of the day

Session 16: Recap Presentations

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- Tasks for non-presenters:
- During presentations, open CMOM to the section being reviewed
- Reflect back on the material as well as why and how it is important to case management. How can they encourage the use of the Concept/job aid and share any other ways to present it?



**Session 17:
Court Report (CM4)**

QUIZ: Statutory or Managed?



Which of the following cases do you think need a statutory intervention or can be managed by a social worker in the community?

Case 1: Teenage girl who has just given birth to baby boy.

Answer: Statutory

QUIZ: Statutory or Managed?



Which of the following cases do you think need a statutory intervention or can be managed by a social worker in the community?

Case 2: Young boy referred by the police for sniffing glue and has run away from home, living on the streets.

Answer: Statutory

QUIZ: Statutory or Managed?



Which of the following cases do you think need a statutory intervention or can be managed by a social worker in the community?

Case 3: Unmarried father reports that to you that his girlfriend is not caring for their child properly and the child is dirty and always seeming to be on his own.

Answer: Non-statutory

QUIZ: Statutory or Managed?



Which of the following cases do you think need a statutory intervention or can be managed by a social worker in the community?

Case 4: Child living with a neighbour who wants to foster her.

Answer: Statutory

QUIZ: Statutory or Managed?



Which of the following cases do you think need a statutory intervention or can be managed by a social worker in the community?

Case 5. Child living with a granny who is loved and cared for.

Answer: Both

Ndapanda and Otto: *Statutory or Managed?*



If yes, what parts of the social investigation should go into a court report?

How does the social investigation help with preparing a court report?

Should everything discussed in social investigation, go into the report? Can you offer examples of what would and what wouldn't?

Report Writing and Supervision - Ndapanda



- Would we need to write a court report for Ndapanda?
- Why or why not?

- As a supervisor or lead social worker in a district office, what must the supervisor do to improve the case management of this case?

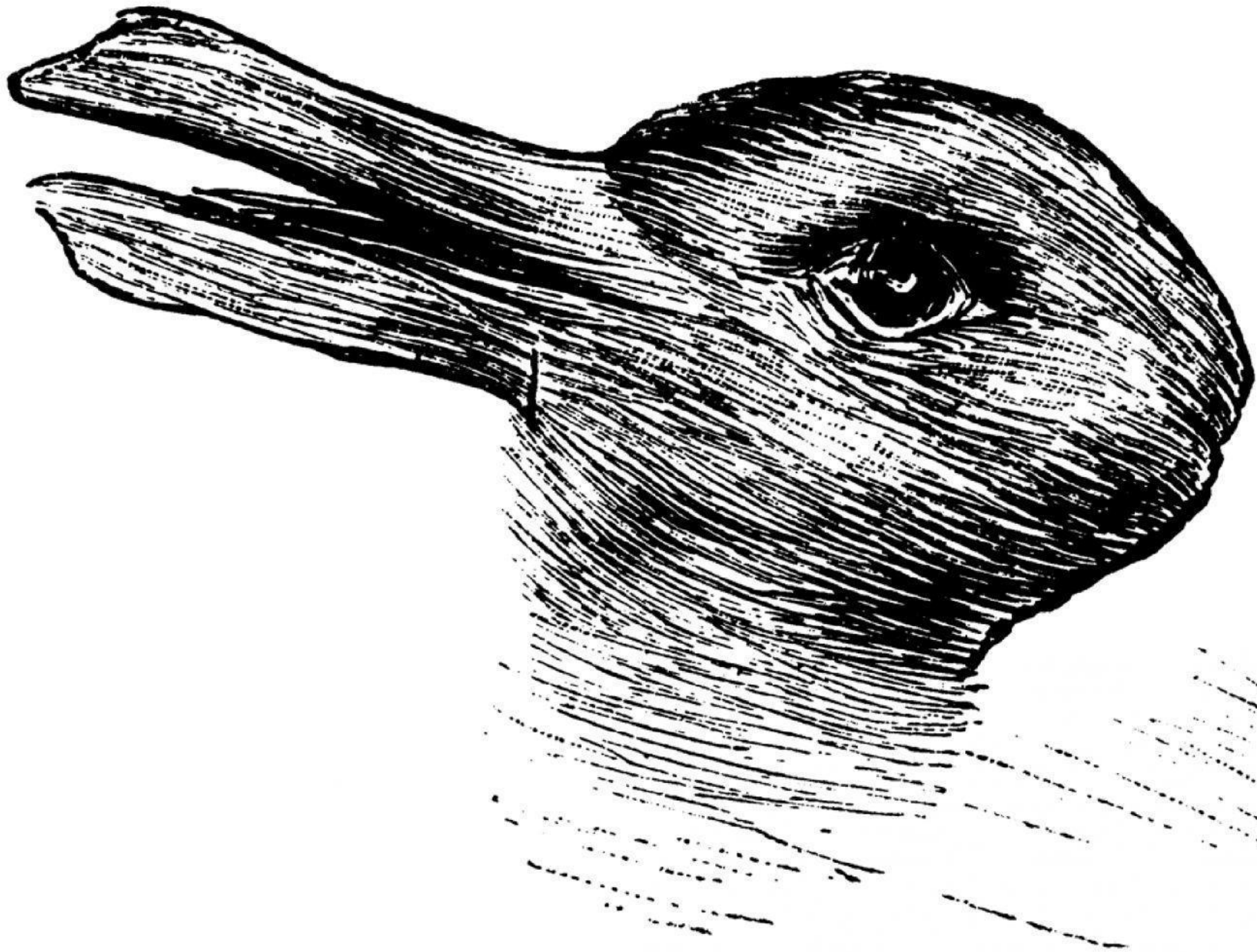
- Role play



Session 18:
Enablers of case management
Supportive supervision

What do you see?





Lessons from perspectives



- What can we learn from this?
- How does apply to your being a supervisor and case management?
- How can one promote this?

Plenary



- How would you describe supportive supervision
- Key phrases that describe supportive supervision

What is Supportive Supervision

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- Supportive supervision is a process of helping staff build on strengths and improve their own work performance continuously.
- Supportive supervision encourages open, two-way communication and building approaches that facilitate problem-solving.
- Supportive supervision focuses on monitoring performance towards goals, and using information from cases for decision-making.

Why is Supportive Supervision Important

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- Case managers deal with complex cases and their decisions may affect a child's life positively and / or negatively.
- Supportive supervision can assist, support, and provide oversight to case managers in the management of their caseloads.
- This can lead to case managers that feel more empowered and result in more effective child protective services.

Group Discussion

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- Think of a time when you have received supervision (formally or informally) that helped.
- Share with you group what it was that made the experience useful

Other aspects of supportive supervision

How important is comfort, trust and openness in supervision?

How important is team building and morale?

What other strategies can promote supportive supervision (and team building)?

The Feedback Sandwich



← **Positive Feedback**

← **Constructive Feedback**

← **Positive Feedback**

Other aspects of supportive supervision



- Supervision needs to be more than the open-door policy
- More than ad hoc...
- Prioritizing = Caring
- Scheduled and planned individual and group sessions

Key steps in a supervision session


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- A *checklist* outlining what will be assessed and what is required for employees to get a positive assessment
- *Process recordings* that includes regular feedback on job performance
- *Discuss challenges and share suggestions* on how to resolve
- *Check and review* to ensure that the social worker can fulfil his or her tasks
- *Follow up* after training to ensure that the social worker has opportunities to apply the skills in their work and to share with colleagues

Where there is no supervisor...

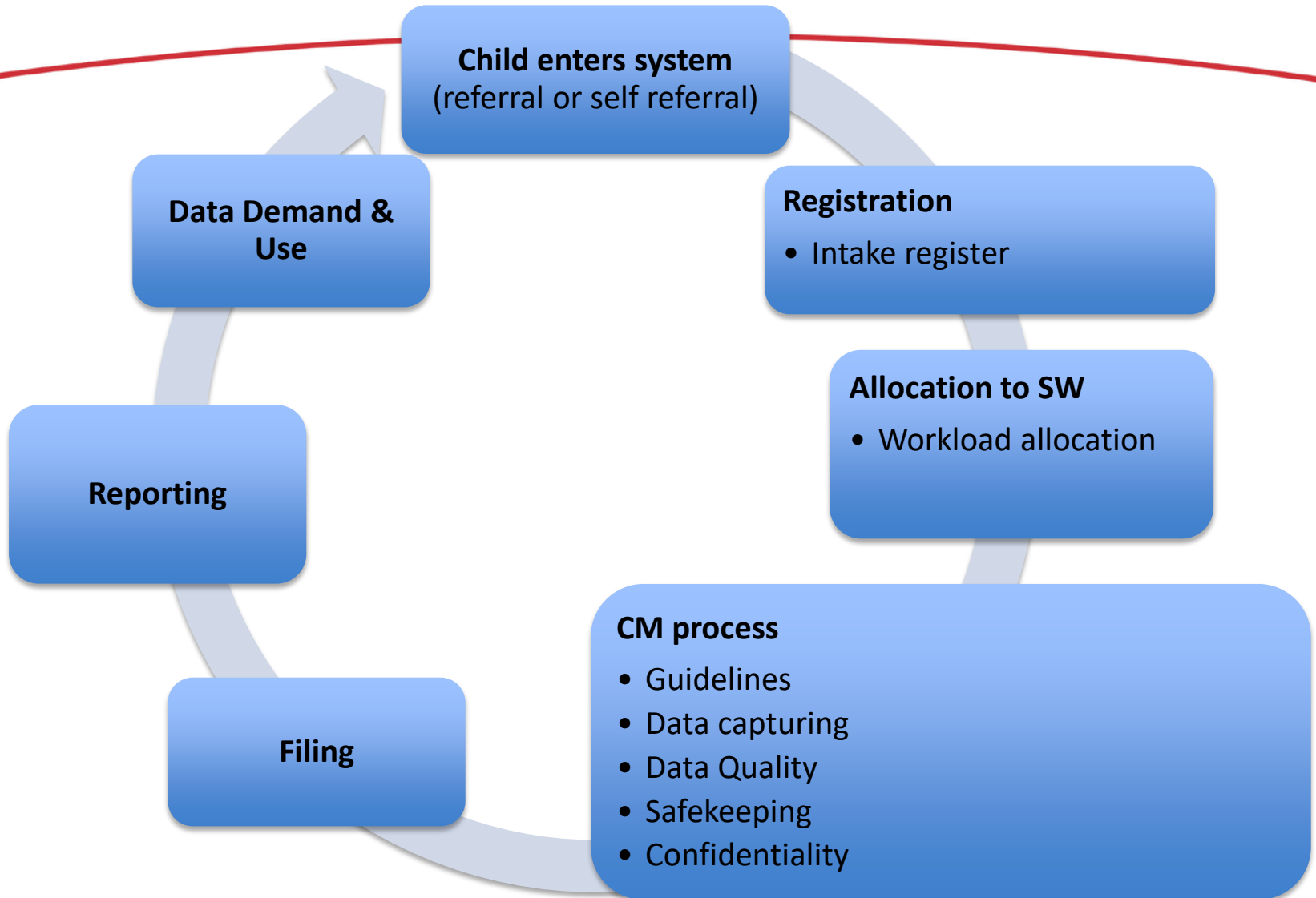
- Supervision can be done in groups (peer group)
 - This helps to build solidarity, exchange information, share common experiences and problems/solutions.
- However, individual attention is important
 - With sensitive cases (confidentiality issues)
 - Some case managers are quiet/reluctant to talk in groups
 - Some case managers need more nurturing and mentoring to stay motivated





**Section 19:
Enablers of case management –
documentation, record keeping
and filing**

M&E system of Case Management



Observational/Enabler checklists

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- Operations manual and job aids are available for each social worker in hard copy
- Printed forms are available to record new cases
- All documents (operations manual, job aids, forms, etc) are available electronically for all social workers
- Document with roles and responsibilities of regional supervisors and social workers is available for every social worker in the office
- Office door clock

Observational/Enabler checklists (Cont..)

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- Identification cards are setup for each social worker
- Notice board with name of social workers and constituency they are responsible for is in place
- Registry is setup
- Each individual child/family has a file?
- Case files have proper categorization

Observational Checklists(Cont...)

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- Case files are stored according to a standard system setup within the office
- Case files are in a locked filing cabinet
- Summary of caseload is available by type of cases

REMEMBER.....



- There are no enemies in M&E
- You cannot manage what you do not count
- You have not done it, if you have not written it down



It can feel challenges at times to find a balance between client care and documenting.

Both are critical to effective and quality client services.

How can we find the balance?

Tips for good record keepings

A thick red curved line that starts on the left side of the slide, arches upwards and then downwards, ending on the right side.

- As a social worker, what tips do you have to help keep accurate and consistent record keeping at this step in the case management process?
- As a supervisor, or social work leader in the office, what systems will help social workers keep accurate and consistent record keeping?

One Minute Realities




Other Supervision Modules and Social Worker Tips

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Case Tracking Checklist (CM9)

MGECW Reference number & Filing System



Session 20:
Step 7 - Follow-up & case review
and
Step 8 - Case closure

Step 7 Follow-up (CM7, part 1)

A thick red curved line that starts on the left side of the slide, arches upwards and then downwards, ending on the right side.

- What do we mean by follow up?
- Why do we do it?
- What do you currently do around follow up?
- What are the common barriers you have experienced?
- What are the consequences of not following up?
- What is the supervisor's role in follow up?

Following up involves:



- Carrying out the steps in the care plan.
- Checking on progress with other stakeholders
- Checking in with client
- Documenting after each step on form CM7, part 1: Follow up

Follow Up: Ndapanda and Otto



- Thinking about 3 months from now, where are they now?
- How are things?
- Completing Form CM 7, part 1?
- How will you assess progress? When and how will you involve other players?

Step 7: Case Review (CM7, part 2)

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- What do we mean by case review?
- How is it different from case follow up?
- How often do we do it? Who attends?
- Why do we do it? Is it mandatory?
- What are the barriers?
- What is the supervisor's role in the case review?

Case review checklist:



- Formal review
- Ideally, every 3 months
- Child and relevant actors attend
- To review progress together against goals, using information gathered through follow up case conferencing etc
- Not set out in CCPA, but good practice
- Can lead to case closure
- Or to revising or updating the care plan
- NB a court report includes a suggested end date
- If the child or family does not cooperate to follow recommended/agreed actions, the case can be taken back to court to order cooperation. if the child is under 18

Step 8: Case closure (CM8)

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- What are the reasons for closing a case?
- What are the barriers to closing a case?
- Who is involved in the decision to close a case?
- Review CM 8

Reasons for closing a case

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- Review CM 8 and noted reasons for closing a case
- Objectives met
- Change in circumstances – child no longer in need of care and protection
- Child and/or family no longer willing to participate
- Child moved and case transferred
- Child lost to follow up

- Ideally child and family included and sign off on form

Case Closure – Ndapanda and Otto:

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- Imagine yourself in a year's time, walking out of a meeting where a decision has been taken to close Otto's or Ndapanda's case.
- What do you imagine the situation to be like?
- How will you feel?
- Review the completion of Form CM8: Case Closure

Post closure interactions

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- Review the realities of clients returning post-closure?
- What are the reasons for this?
- How often does this happens? Offer examples?
- How do you know what to do? Would a case need to be reopened?
- How can we capture these efforts?



Session 21:
Way forward with implementation

Consolidation of learning



- Questions of clarity
- Observations
- Learnings

Way Forward

A thick red curved line that starts on the left side of the slide, arches upwards and then downwards, ending on the right side.

- The critical role of supportive supervision
- To manage caseloads
- To support and guide social workers to follow case management process in the best interests of children and families
- To promote continuous learning and self-care amongst social workers
- To utilize peer supervision and other techniques to mitigate lack of direct supervisors

Way Forward



- Envisioning a system that is owned and embraced by all social workers in the MGECW
- Also the extension of the system to all categories of social services beyond child protection

Planning

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- Investigate appointing coordinator for CM and increasing capacity to provide supportive supervision to CM and DDU
- Recommendations on induction/mentoring gained from the pilot to be noted in the report to guide development of induction system.
- Develop a readiness assessment plan for all regions
- Develop a phased roll-out strategy and implementation plan
- Refer to Job Aid 14 – ‘Guide to setting up a case management system in your region’
- Develop action plan to share with other regions and for inclusion in plans

TO BE DONE	TO BE DONE
Name Tags	All Regional Supervisors to collect N\$80 from each Directorate staff member and send it to Ms Nshimyimana for the development of the ID name tags
Business cards and name tags	Template being shared for updating at regional level for all MGECW social workers and Administrative officers
Creation of office signage and door clocks	Social workers to start improving communication with clients by developing office door signs of hours of operations and door clocks of social worker's whereabouts (samples to be made available)
Implementation of selected forms and processes initial phase of implementation (for remainder of 2017)	Selected forms and processes to be finalized for initial implementation stage (IE – reporting and referral forms and case conferencing)
Stakeholders	Identification of and building of a connection with additional stakeholders who can be helpful around integrative case management (including familiarization with health care teams to promote HIV disclosure)

Evaluation and Workshop Closure





**THANK YOU FOR
BEING WONDERFUL
PARTICIPANTS!**



Case Management Stakeholder Day

Welcome



**Stakeholder Session 1:
Welcoming and agenda**

Stakeholder Objectives

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- To introduce stakeholders the CCPA, its key reporting requirements and their role within the MGECW case management process and in its implementation
- To share experiences on respective case management systems used and how the different systems intersect
- To understand the role of the CCPF as a platform for community and stakeholder collaboration
- To discuss and identify recommendations for more effective integration of services

Stakeholder Day Agenda

<i>Time</i>	<i>Stakeholder Session title</i>	<i>Hours / min</i>
9.00-9.15	1. Welcome and Introductions	15 min
9.15-10.00	2. Overview of key aspects Child Care Protection Act	45 min
10.00-10.30	3. Integrated case management and Child Care and Protection Forum	30 min
10.30 – 10.45	Break	15 min
10.30-11.15	4. Collaboration with MGECW	45 min
11.15-12.00	5. Working together for case management	45 min



**Stakeholder Session 2:
Overview of key aspects of the Child
Care and Protection Act (CCPA)**

Case management



**THE PROCESS OF PROVIDING
PROTECTION AND SUPPORT TO
INDIVIDUAL CHILDREN AND THEIR FAMILIES
WHO ARE VULNERABLE TO CERTAIN RISKS,
DIRECTLY OR THROUGH REFERRAL SERVICES,
AND FOLLOWING THAT PROCESS THROUGH
UNTIL GOALS ARE MET.**

***(CHILD PROTECTION WORKING GROUP. 2014. INTER-AGENCY
GUIDELINES FOR CASE MANAGEMENT AND CHILD PROTECTION)***

National commitments

NAMIBIA'S COMMITMENTS TO CHILDREN:

- Children's rights, including right to a family, in Namibia's Constitution
- Vision 2030 upholds family as the most fundamental institution in the society and commits to gender-equitable policies that combat violence and stigma
- National Agenda for Children (NAC) 2012-2016 had commitment to "Strengthen integrated child protection, prevention and response services"

**CARE AND PROTECTION ACT, NO. 3 OF 2015 (CCPA)
COMMITTS TO HOLISTIC APPROACH TO PROTECTING
CHILDREN**

OBJECTIVES OF THE CCPA

To protect and promote the **well-being** of all children

To give effect to children's rights in the **Namibian Constitution**

To give effect to Namibia's obligations to children under **international agreements**

To promote the protection of families and to actively **involve families** in resolving problem

To ensure that no child suffers any discrimination or disadvantage because of the **marital status** of the child's parents

To strengthen **community structures** which can assist children

To establish & promote **services and facilities** to advance children's well-being & to **prevent or solve problems** which may place children at risk

To provide **protective services** to children who need them

To **protect children** from discrimination, exploitation and **other harm**

To recognize the **special needs** of children with disabilities or chronic illnesses

Child Care and Protection Act, No. 3, 2015



Defines Protective Services:

aimed at providing care, protection or both care and protection to safeguard his or her safety, security and well-being or improving such care, protection or both care and protection.

Children and family

- The CCPA has as its foundation the preservation and strengthening of families.
- Prevention and early intervention is central for managing children's issues.
- Children have a right to stay in kinship care.
- Case management has a role in preserving family life and preventing harm to the child.
- When a child has to be removed, the case management process seeks to ideally support the child's return to the family or, where this is not possible, a permanent family-based option

Case Study

Ndapanda is a 15-year-old girl who recently gave birth. She left the baby at the clinic wrapped in the blanket. The Health Extension Worker figures out that the baby belongs to Ndapanda and refers her to the MGECW social worker. She is very nervous and reluctant to go and is worried that she will be reported to the police and her family.

The HEW had seen Ndapanda twice in the first three months of pregnancy. The first time she went to the clinic with stomach pains when she discovered that she was pregnant. The second time was a week later after the 28 year old boyfriend punched her in the stomach when she told him that she was pregnant. The clinic at that time reported her case to the police, but never heard about any follow up. She is not in school and no one knows about the pregnancy.

Ndapanda' needs



- Can the HEW meet Ndapanda's needs alone?
- Can MGECW meet Ndapanda's needs alone?

Protecting children

We all have a responsibility!

- Any adult or child in the community who suspects that a child requires *protective services* MUST report their concern to a social worker or police officer. Mandatory reporting.
- A child can self-refer/report. Walk in office
- Any adult or child who thinks that a child is vulnerable and needs other support, instead of or in addition to protective services, MAY inform a Child Care and Protection Forum member or other community-based actor.
- The CCPA emphasises the importance many actors being involved: community members, police, social workers from all ministries and civil society, teachers, etc.

Background to CMOM

CCPA STIPULATES RANGE OF ACTIONS TO BE MANAGED BY MGECW

Prevention and early intervention

Child Protection proceedings

Provides for a series of steps to be taken by MGECW social workers, including

- Identification of children at risk - mandatory reporting

- Intake and risk assessment

- Social Investigation

- Supervision of child

- Family reunification

TO IMPLEMENT CCPA, SET OF COHERENT STEPS REQUIRED

WHERE DO STAKEHOLDERS FIT IN?



**Stakeholder Session 3:
Integrated Case Management**

Integrated Case Management



The needs of children are many and often highly complex

We are often working in isolation from one another

Together we can do more

What is integrated Case Management



The required actions in the CCPA rely on many actors in an integrated approach

The aim is that :

- Children and families receive a holistic package of care and support
- Case management skills are shared across the whole social welfare and health work force
- Programs and services to support the child and family are harmonized
- Data on outcomes for child and families are shared across different sectors

Challenges with referrals?

- Integrated Case Management is more than referrals!
- Clients may need supportive referrals and /or longer term case sharing:
- Supportive referrals
 - Via direct relationship/communication between MGECW and a stakeholder;
 - Case conferencing at any point of providing services with any stakeholder(s) that is involved in a case;
 - Child Care and Protection Forum

CCPF levels



- PTF – National Level – Policy Issues
- Regional CCPF – Mid Level issues needing more systems resolutions, review cases as needed
- Constituency CCPF

CCPF Guidelines revised

A thick red curved line that starts on the left side of the slide, arches upwards and to the right, and then curves downwards towards the right edge.

- Realign with CCPA
- Foundation of case management
- To strengthen the networking with stakeholders to assist with
 1. Early identification
 2. Screening or exploring options
 3. Collaboration

The way forward for CCPF



- How can the revision of CCPF assist with cases and promote integrative case management?
- What aspects are necessary to enable them
- Membership
- Facilitation
- Frequency
- Organizational strategies
- Strategies to promote attendance and engagement



**Stakeholder Session 4:
Collaboration experiences with MGECW**

Working Together for Case Management

- What is your role around working with children/families?
- What issues have you encountered?
- How have your experiences been with MGECW?
- What challenges and barriers have you experienced?

Bi-directional referrals

- MGECW created a bi-directional referral form to assist with communication. CM1 has two parts:

Part 1: the part for stakeholders to complete with client information

Part 2: The receipt – which is returned to the referral source

Note: terminology – reporting required for CCPA, but to promote comfort among clients, one can use other words, ‘referral for extra support.’

If agencies have their own forms, they will also be accepted.

CM5 is the referral from MGECW to stakeholders



**Stakeholder Session 5:
Working together for case management**

Ridding the Silos

Together we can do more!



Brainstorming action steps

Workshop Closure



THANK YOU